



Montana Statewide Social Services Transportation Survey

Agency Information

Organization: _____

Address: _____

Phone: _____

Fax: _____

Contact Person: _____

Title/Dept.: _____

E-mail Address: _____

1. Is your agency:

- ☐ Public
- ☐ Private non-profit
- ☐ Private for-profit
- ☐ Other _____

2. What type of primary services does your agency provide? (check all that apply)

- ☐ Alcohol, Tobacco or Drug Education & Treatment
- ☐ Diagnosis and Early Evaluation
- ☐ Education/Training
- ☐ Employment Opportunities/Job Placement
- ☐ Health Care
- ☐ Housing
- ☐ Child Care
- ☐ Community Support Networks
- ☐ Family Support & In-home Assistance
- ☐ Family Safety & Protection Housing
- ☐ Nutrition
- ☐ Life Skills Development & Assistance
- ☐ Transportation
- ☐ Residential Care
- ☐ Other (please specify) _____



3. What age group are your services designed for? (check all that apply)

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 65 to 74 |
| <input type="checkbox"/> 18 to 54 | <input type="checkbox"/> 75 and older |
| <input type="checkbox"/> 55 to 59 | <input type="checkbox"/> Any age |
| <input type="checkbox"/> 60 to 64 | |

4. Does your agency serve people with mobility limitations? (Mobility limitations are physical, mental, or other conditions that limit their ability or cause difficulty in getting to places they need or want to go)

- ☐ Yes ☐ No (Please skip to question 5)

4a. Please identify the types of mobility limitations: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Age-related | <input type="checkbox"/> Cognitive |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Cannot afford motor vehicle | <input type="checkbox"/> Remote location |
| <input type="checkbox"/> Lack of motor (for reasons other than income) | |
| <input type="checkbox"/> Other (please specify) | |

4b. What percentage of your participants and/or residents do you estimate have mobility limitations? (e.g. 5%, 40%, etc.)

_____ %

5. During the average week, how many participants and/or residents travel to your offices and/or services? (such as congregate meal sites, medical clinics, supervised employment, etc.)

of weekly participants _____

6. Of your participants and/or residents, what percentage do you estimate use public transportation (buses, vans, dial-a-ride) to get to or from your office and/or services? (e.g. 5%, 75%, etc.)

_____ %

7. Which of the following transportation methods do your participants use to access your services? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Fixed route bus service (buses that run on a schedule) | <input type="checkbox"/> Private vehicle driven by agency employee or volunteer |
| <input type="checkbox"/> Dial-a-ride service (small buses or vans that operate on request) | <input type="checkbox"/> Family |
| <input type="checkbox"/> Van services for specific participants (for veterans, church members, senior centers, etc.) | <input type="checkbox"/> Friends or neighbor |
| <input type="checkbox"/> Private taxi | <input type="checkbox"/> Drive themselves |
| <input type="checkbox"/> Medical transportation (ambulance) | <input type="checkbox"/> Other (please specify) _____ |

8. Does your agency supply any type of transportation to its participants?

- ☐ Yes, agency supplies transportation
- ☐ No, agency does not supply transportation to participants. (Skip to question 14)

9. Below is a list of methods for supplying transportation. Please estimate the total number of trips (one-way) per week provided by your agency?

Provide ride from agency vehicle	# of weekly rides _____
Provide bus pass	# of weekly rides _____
Provide cash to participants specifically for Transportation	# of weekly rides _____
Other (please specify) _____	# of weekly rides _____

10. Does your agency charge participants for transportation services?

- ☐ Yes, participant pays a fee
- ☐ No, participant does not pay a fee
- ☐ No, prohibited from charging for services

11. Other than charging participants, how are the transportation services funded at your agency? (check all that apply)

- ☐ City, county or special district (describe)
- ☐ Donations, United Way, fundraising, volunteer
- ☐ Federal funds (what category)

☐ State funds (what category)

12. Is your transportation funding limited to specific groups of participants?

- ☐ Yes ☐ No, (please skip to question 13)

12a. How are the funds limited? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> People with disabilities only | <input type="checkbox"/> Children |
| <input type="checkbox"/> Veterans only | <input type="checkbox"/> Students |
| <input type="checkbox"/> Seniors only | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Low income/Means tested | _____ |

12b. Is the limited funding an agency policy or a source restriction?

- ☐ Agency Policy
☐ Funding Source Restriction

13. Are the transportation trips limited in any way to participants?

- ☐ Yes ☐ No, (please skip to question 14)

13a. How are the trips limited? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Emergency only | <input type="checkbox"/> Nutrition only |
| <input type="checkbox"/> Job training only | <input type="checkbox"/> Veterans services only |
| <input type="checkbox"/> Medical visits only | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Low income/Means tested | _____ |
| <input type="checkbox"/> School only | |

13b. Is the limited funding an agency policy or a source restriction?

- ☐ Agency Policy
☐ Funding Source Restriction

14. How would you rate public transportation's ability to provide trips to
YOUR SERVICES where and when your clients would like them?

- ☐ Always get trips where and when they want
☐ Get most trips, but not all
☐ Get only limited trips, perhaps for specific purposes only
☐ Almost never get trips
☐ Get no service
☐ Housing

15. For those participants who have trouble obtaining public transportation to YOUR services, why do you think their options are limited? (**check all that apply**)

- ☐ **No existing service**
 - ☐ **No service to our location**
 - ☐ **Service does not run during hours when rides are needed**
 - ☐ **Accessing service is too difficult (waiting, reservation requirements, etc.)**
 - ☐ **Do not qualify for the services available**
 - ☐ **Lack of money for fares**
 - ☐ **Do not know how to access the system**
 - ☐ **Live too far away**
 - ☐ **They have been turned away in the past and have given up asking**
 - ☐ **Other factors (please explain)**
-

16. For what other types of trips do your participants have difficulty obtaining transportation? (**check all that apply**)

- ☐ **Education**
 - ☐ **Nutrition/Meal Programs**
 - ☐ **Shopping**
 - ☐ **Work**
 - ☐ **Medical**
 - ☐ **Personal business (banking, post office, etc.)**
 - ☐ **Social / Recreational**
 - ☐ **Other (please explain)**
-

17. In your opinion, how much would people in your community support an increase in taxes or fees for improvements to public transportation for seniors and people with disabilities?

- ☐ **Strongly oppose**
- ☐ **Somewhat oppose**
- ☐ **Somewhat support**
- ☐ **Strongly support**

18. In your opinion, how much would people in your community support increased state funding for improvements to public transportation for seniors and people with disabilities?

- ☐ **Strongly oppose**
- ☐ **Somewhat oppose**
- ☐ **Somewhat support**
- ☐ **Strongly support**

19. Please rate the importance of the following service improvements for public transportation for seniors and people with disabilities in your community:

	Urgent	Very Important	Important	Would Be Nice	Not Needed
Greater number of door-to-door rides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More fixed-route service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service easier to use for seniors and people with disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Longer hours of operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More days of operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More reliable service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vehicles in better condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower fares	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easier trip scheduling over the phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed schedules easier to read and understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More reliable on-time pickups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More reliable drop-offs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easier to identify vehicles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More wheelchair accessible vehicles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better/easier wheelchair securements within the vehicles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better/more convenient connections with other transit services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Please indicate the number of vehicles used for client transportation.

_____ Buses _____ Van _____ Car
 _____ Truck/SUV _____ Other

21. Please provide an estimate of weekly miles and hours driven for your clients.

Weekly MILES	Weekly HOURS
_____ Buses	_____ Buses
_____ Van	_____ Van
_____ Car	_____ Car
_____ Truck/SUV	_____ Truck/SUV
_____ Other	_____ Other

22. How many days per week do you regularly provide transit service?

_____ days per week

23. How many weeks per year do you regularly provide transit service?

_____ weeks per year

24. Please provide your agency's annual transportation cost information in the following table. Use calendar year 1999 information or the most recent fiscal period.

OPERATING COSTS – FIXED ROUTE (variable/direct)	ANNUAL COST (\$)
Labor	
Driver(s) Salary	\$
Other salaries	\$
Fringe Benefits	\$
Services	
Professional and technical services	\$
Advertising fees	\$
Temporary help	\$
Vehicle maintenance services (including parts)	\$
Custodial services	\$
Other services	\$
Materials & Supplies	
Fuel and lubricants	\$
Tires and tubes	\$
Utilities	\$
Casualty and liability costs	\$
Taxes	
Property tax	\$
Vehicle licensing and registration fees	\$
Other taxes	\$
Purchased transportation service	\$
Leases and Rentals	
Passenger shelters	\$
Vehicles	\$
Facilities	\$
Miscellaneous Expense	
Dues and subscriptions	\$
Travel and meetings	\$
Other miscellaneous expense	\$
TOTAL OPERATING COSTS	\$

25. Please provide your agency's annual passenger transportation revenues.
Use Fiscal Year 1999 information or the most recent fiscal year.

REVENUE SOURCE	AMOUNT (\$)
Fares/Donations	\$
Advertising	\$
Dedicated transit tax	\$
Grants	
FTA 5307 (urbanized)	\$
FTA 5309 (discretionary capital)	\$
FTA 5310 (elderly & disabled)	\$
FTA 5311 (rural)	\$
Other federal grants (CMAQ, FHWA, etc.)	
Other #1 (name)	\$
Other #2 (name)	\$
Other #3 (name)	\$
Other #4 (name)	\$
Other miscellaneous grants	
Other #1 (name)	\$
Other #2 (name)	\$
TOTAL OF ALL GRANTS	\$
Contracts	
Developmental Services	\$
Head start	\$
Medicaid	\$
Older Americans	\$
Other #1 (name)	\$
Other #2 (name)	\$
Other #3 (name)	\$
TOTAL OF ALL CONTRACT REVENUE	\$
Other revenue sources	\$
	\$
TOTAL REVENUES	\$

The following questions will help measure existing conditions. The information is also needed to determine current deficiencies, future needs and project costs for the 20 Year planning horizon. Please be as specific as possible when answering the questions. Since the questions are more descriptive, you may fill in the answers on this sheet or supply us with the answers on sheets generated by your own agency.

26. What are the major transportation needs of your agency in the short term (1 – 6 years)? Please list specific projects. Some examples include the following: Replacement of 4 large buses at a cost of \$250,000 each; 2 minibuses at \$50,000 each; New service to the shopping mall with 30 minute headways at a cost of \$500,000 annually; 1-day per week demand response service to the elderly apartments at a cost of \$20,000 annually; 4 new bus shelters at \$1,000 each; New schedules printed, estimated cost with labor and materials \$5,000; Hire 1 dispatcher at \$18,000 annually.

27. What are the major transportation needs of your agency in the long term (7 – 20 years)? Please list specific projects, such as the above examples.

28. Please use the form below to describe the program-related transit services that are the responsibility of your agency. Program related transit services mean the riders meet eligibility criteria and are participating in activities of the specific program. If a program is not listed, use the lines marked with other to record the information. Annual trips should be presented as one-way or unlinked trips.

	# of participants	Annual Vehicle Miles	Annual Trips	Contracted (Y or N)
Developmental Services: Adult				
Developmental Services: Case Management				
Developmental Services: Children				
Developmental Services: Pre-School				
Group Home				
HeadStart				
HeadStart: Homebase				
HeadStart: Other				
Homeless Transportation				
Job Training				
Mental Health Services				
Mental Health: Case Management				
Nursing Home				
Senior Nutrition				
Sheltered Workshop				
Substance Abuse				
Meals on Wheels				
Other				
Other				
Other				

29. The final section of the Survey includes service area information. Please provide a written description of your service area. For example: City of Billings, all of Flathead County, all of Blackfeet Reservation along the main highways. Please specify on a map the approximate boundaries of the service area and location of regular routes. You may use a pencil or pen and shade the approximate areas of service. For example if you serve the entire reservation, but only travel along the main roadways, shade only those areas so we can accurately map your service area.

THANK YOU FOR YOUR HELP!